0	PI

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester First Semester DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 02 Big Horn 0021 Pryor Elem Elementary Contract District **Daily** # of Days Transported # # Shared Family's Name Rate 2 1063 No Buffalo, Iris J 0.00

TR-5 (1/05) Page 1

0	PI	

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **Individual and Isolated Transportation**

2.00

1.00

State	
District	
County	

DUE
DATES

17-H

17-H

2384

2385

No

Yes

Sypherd, Jennifer

Stewart, Henrietta

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 02 Big Horn 0023 Hardin Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 17-H 1062 Yes Pretty On Top, Thomas 0.63 Pretty On Top, Veronica 17-H 1064 No 1.25 17-H 1065 Yes Oliver, Peggy 1.88 17-H 1066 1.25 No Pretty On Top, Kathryn 17-H 1067 Pretty On Top, Sr., Norman & Donna No 1.25 17-H 1069 Yes Hammond, Delora 2.63 17-H 1070 Walborn, Karmae 5.25 No 17-H 1071 No Edwards, Candice 1.50 17-H 1498 Swindell, Jennifer No 1.00 17-H 2383 Big Man, Luzenia Y No 1.75

TR-5 (1/05) Page 1

0	PI	

1

1

1239

2385

No

Yes

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for Individual and Isolated Transportation

5.00

1.00

State	
District	
County	

First Semester Second Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 02 Big Horn 1189 Hardin H S **High School** District Contract Daily # of Days Transported # # Shared Family's Name Rate 1 1062 Yes Pretty On Top, Thomas 0.62 1 1065 Yes Oliver, Peggy 1.87 1068 No He Does It, William (Marty) 9.25 1 1069 Hammond, Delora Yes 2.62 1

TR-5 (1/05) Page 1

He Does It, Vera Jane

Stewart, Henrietta